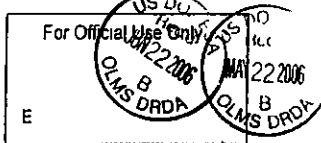


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215 0188
Expires 11 30 2006

This report is mandatory under P L 86 257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

| | |
|--|---|
| 1 File Number U <u>25738</u> | 2 Fiscal Year Covered From <u>01 / 01 / 05</u> Through <u>12 / 31 / 05</u> |
| 3 Name and address of person filing Name <u>Stephen M DUARANTO</u> P O Box Bldg Room No if any _____ Street <u>14 COTE LANE</u> City <u>SHERMAN</u> State <u>CT</u> ZIP Code + 4 <u>06784</u> | 4 Name file number and address of labor organization Name <u>Sheet Metal Workers IA - LU 38</u> Labor Organization File Number <u>007943</u> P O Box Building and Room Number if any <u>PO Box 119</u> Street <u>38 STARR Ridge ROAD</u> City <u>Brewster</u> State <u>NY</u> ZIP Code + 4 <u>10509</u> |
| 5 Position in labor organization _____ | |

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

| | |
|--|---|
| A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent | |
| 6 Name and address of Employer (including trade name if any) Name <u>SMACNA - Southeastern - NY</u> Trade Name if any _____ P O Box Bldg Room No if any _____ Street <u>1 Paulding Street</u> City <u>Elmsford</u> State <u>NY</u> ZIP Code + 4 <u>10523</u> | 7 a Nature of Interest Transaction or Income <u>501 LC 7 - NJB Fund - Position Held</u> <u>Prizes for winners - \$1,500 President</u> <u>4 some & Hubs - 500 10/4</u> <u>8/12</u> 7 b Amount <u>2,000 -</u> |

Signature

| | | |
|---|---------------------------|---|
| 15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions) | | |
| Signed <u>X Stephen M Duaranto</u> | On <u>5/12/06</u> Date | <u>845-278-6868</u> Telephone Number |

| | |
|--|---------------|
| Name of Person Filing Stephen M. Quaranto | File Number U |
|--|---------------|

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

| | |
|---|--|
| 8 Name and address of Business (including trade name if any) Name _____ Trade Name if any _____ P O Box Bldg Room No if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____ | 9 Business deals with <input type="checkbox"/> a Labor Organization <input type="checkbox"/> b Trust <input type="checkbox"/> c Employer |
| 10 If 9 b or 9 c is checked give trust or employer's name Name _____ Trade Name if any _____ P O Box Bldg Room No if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____ | 11 a Nature of such dealing _____ 11 b Approximate dollar value of such dealing _____ 12 a Nature of interest held or income received _____ 12 b Amount _____ |

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

| | |
|--|---|
| 13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name MASS MUTUAL LIFE Insurance Co Trade Name if any _____ P O Box Bldg Room No if any _____ Street _____ City SPRINGFIELD State MA ZIP Code + 4 01111-0001 | 14 a Nature of payment 501LC7 - NJB Fund - Position Held President Received thru NJB Fund for GOLF Outing & Prizes for winners - 1,500 - 9/6 GOLF SHIRTS |
| 13 b Is the Business an Employer _____ or Consultant <input checked="" type="checkbox"/> ? | 14 b Amount of payment 1,500 - |